

STATE OF HAWAII - DEPARTMENT OF TAXATION
**POWER OF ATTORNEY
AND DECLARATION OF REPRESENTATIVE**

PART I **POWER OF ATTORNEY**

1 Taxpayer Information

Taxpayer name(s) and address (Please type or print.)	Social security number(s) _____ _____	Federal Employer I. D. No. _____
	Daytime telephone number ()	Hawaii I. D. Number _____

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Please type or print.)

Name and address	Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/>
Name and address	Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/>
Name and address	Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/>

to represent the taxpayer(s) before the Department of Taxation, State of Hawaii, for the following tax matters:

3 Tax Matters

Type of Tax (Income, General Excise, etc.)	Tax Form Number (N-11, N-12, N-13, G-49, etc.)	Year(s) or Period(s)

4 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, tax clearance applications, or other documents. The authority does not include the power to receive refund checks or the power to sign certain returns.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

- 5 Notices and Communications.**—Copies of notices and other written communications will be sent to the first representative listed in line 2.
- a** If you want the second representative listed to receive copies of such notices and communications in lieu of the first representative, check this box ☐
- b** If you do not want any copies of notices or communications sent to your representative(s), check this box ☐
- 6 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the State of Hawaii for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 7 Signature of Taxpayer(s).**—If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- **IF THIS POWER OF ATTORNEY IS NOT SIGNED, IT WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Print Name		
Signature	Date	Title (if applicable)
Print Name		

PART II	DECLARATION OF REPRESENTATIVE
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- Under penalties of perjury, I declare that:
- I am not currently under suspension or disbarment from practice in the State of Hawaii;
 - I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
 - I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - f** Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.
 - g** Other (describe)—_____
- **IF THIS POWER OF ATTORNEY IS NOT SIGNED, IT WILL BE RETURNED.**

Designation—Insert above letter (a-g)	Jurisdiction (state) or Enrollment Card No.	Signature	Date